



CAREER SERVICES PROGRAM
Employment Verification Form

ITEMS IN BOLD TYPE ARE MANDATORY

- **Participant** _____
- **Employer Name** _____
- **Employer Address** _____

- **Date of Hire** _____
- **Pay Period** **Pay Period Start Date** _____
 Pay Period End Date _____
 # Hours for Pay Period _____
- **Job Title** _____
- **Hours per Week** _____ **Wage** \$ _____ /hr
- **Pay Period (circle)** weekly bi-weekly monthly
- **Do you provide benefits** yes _____ no _____

Name of Business Representative or Signature (if Faxed)

Print _____ Sign _____ Date _____

Title _____

Phone number _____

Fax number _____

Signature of ESD Counselor Completing Verification (if telephone verification)

Print _____ Sign _____ Date _____